Racing Information Disse	eminators Monthly R	eport Page
This report is required to filed	MONTHLY, pursuant to NRS 4	63.450.
FOR	Filing Deadline:	
Account No., Name, Address, Zip Code	_	For Office Use Only
		Check Number
		Batch Number
		Number
		Entry
Please correct if in error		Date
	(D)	
(A)	(B)	(C)
	TYPE of	Fees Collected
NAMES of Race Books supplied	SERVICE	From User
	PAGE TOTALS	
	FAGE TOTALS	
Number of Casinos Served		

Please return to the State Gaming Control Board Tax and License Division, PO Box 8004, Carson City, NV 89702-8004